EXHIBIT W

UNITED STATES DISTRICT COURT

DISTRICT OF NEW JERSEY
10-3950DRD

DISABILITY RIGHTS NEW JERSEY, INC., et al.,

Plaintiffs,

vs.

JENNIFER VELEZ, in her official capacity as Commissioner of the New Jersey Department of Human Services, et al.,

Defendants.

DEPOSITION OF:
KIM EVANS-MALLORY

Tuesday, March 20, 2012

Reported By:

LISA FORLANO, CCR, CRR, RMR

REF: 7004

COPY

What degree did you receive from Fairleigh Dickinson?

A A degree in sociology.

Q And in what year?

A 1979.

Q Other than FDU, do you have any other post-high school education?

A No.

Q Any other professionals -- do you have any professional certifications aside from your FDU degree?

A No.

Q After -- after you graduated Fairleigh Dickinson, did you begin working immediately after?

A Yes, I did.

Q Where did you work?

A At the Arthur Brisbane Child Treatment Center in Wall Township, New Jersey.

Q Okay. And when did you finish working at the Arthur Brisbane Center?

A December 2005.

Q And after you ended work there, did you work elsewhere?

A Trenton Psychiatric Hospital in

Trenton, New Jersey.

Q Okay. Is that when you began as a Client Service Representative --

A No.

Q -- or is that in a different capacity?

A No. I had been a Client Service Representative at Arthur Brisbane Child Treatment Center. I was transferred to Trenton Psychiatric when the hospital, Arthur Brisbane closed.

Q Okay. So when you began at Trenton Psychiatric, what position did you hold?

A Still the Civil Service title of Client Service Representative, RENNIE advocate.

Q And when you were in Arthur Brisbane, you were just the Client Services Representative?

A No, prior to that I was the Program Development Specialist.

Q Okay. And what were your responsibilities at the Arthur Brisbane Center?

A In -- at both job titles?

Q I guess start with the first job title you had after graduating.

A The first job title I helped discharge planning for the clients.

Q Oh. Is there any way in which it's not a description?

A No. No.

Q Okay. Have you ever made a recommendation for changes to involuntary medication process?

A Yes. Yes.

Q And when was this?

A During one of our RENNIE meetings. I don't -- I can't give you the exact date. We've always discussed different things, policies and procedures in our meetings.

Q Okay. So when you've made recommendations for changes to the involuntary medication process, did you make only one recommendation or more than one?

A We've made many over the years. It's difficult to pinpoint.

Q Sure. And when you say "we," who exactly are you talking about?

A The group of RENNIE advocates as a whole.

Q Okay. So when was the most recent instance in which you or other RENNIE advocates --

sorry, strike that.

When is the most recent instance in which you have made a recommendation for a change in the involuntary medication process?

A When we were discussing doctors' monthly progress notes.

Q And do you recall when that happened?

A No, I don't. Like I said, we meet monthly, so it's very difficult to pinpoint.

Q Sure.

A I mean, I've been going to these meetings for almost 20 years.

Q I understand that. Do you have an idea of what year it was in?

A Maybe two years ago, approximately, maybe. I'm not positive.

Q Okay. And you said the topic of that meeting in which you made that -- the most recent recommendation, the topic was monthly progress notes?

A Yes.

Q Was the recommendation for a change that you made at that time, was that related to the monthly progress notes?

A It was -- we discussed it at our meeting and Karen Piren who works -- who was our liaison to central office brought it to the attention of central office.

Q What exactly did she bring to the attention of the central office?

A That we felt that maybe the doctors needed some type of a form where it would be unified throughout the hospitals on how they did their monthly progress notes.

Q Okay. So you recommended -- I'm trying to understand this. You recommended a separate form that was related to the monthly progress note that would be in addition to the monthly progress notes?

A No. We recommended some type of a form that could be used that would be generic to all the hospitals.

Q Okay. So taking a step back, psychiatrists in the hospitals fill out monthly progress notes?

A Yes.

Q And they're required to fill these out?

A Yes.

Q And when you recommended a change

Q Okay.

A So this would help alleviate that problem with all the other documentations that they're doing in the chart.

Q Okay.

MR. LEYHANE: It's like EZ Pass. Okay?

BY MR. SEBROW:

Q Do you keep copies of these -- of the -- well, let me step back.

Was this recommendation ever implemented?

A Yes.

Q Okay. And so that form that we were just discussing that's in addition to the monthly progress note --

A It's not in addition to, it is the monthly progress note.

Q It is the monthly progress note?

A Yes.

Q Okay. So the monthly progress note was changed somewhat in response to the recommendation?

A Somewhat, yes.

Q To the recommendation that you made?

A Yes.

Q Okay. And when you bring it to their attention, are you -- are you saying that -- do you -- strike that.

When you bring these issues to the treating psychiatrist or the treatment team, do you just tell them the facts that this patient is refusing or do you advocate for the patient's wishes, for example, by saying I want, you know, I think the patient is right, for example? I think the patient should not have to take their medication?

A No. I bring the patient's -- what they have told me to the treatment team. It is up to the treatment team and the treating physician to determine what is best for the patient at that time.

Q Okay. So you don't try to convince the treating team or the treating psychiatrist to take one action or another?

A No.

Q Is that because you don't feel qualified to do that or is it because you don't think it's part of your job or both?

A I'm not qualified to do that because I'm not a clinician or a physician. I am qualified

as an advocate to speak on behalf of my patient to the treatment team and hope that they can come to a happy medium.

Q Okay. Do you try to convince the treatment team to come to a happy medium?

A I'm not there to convince the treatment team. I'm just there to bring the patient's wishes and desires known to the team.

Q So if a patient expresses his or her desires to you and then you bring that to the treatment team and then let's say the treating psychiatrist says, I disagree, I'm going to take action contrary to the patient's wishes, at that point do you try to change the treating psychiatrist's mind?

A No.

MR. SEBROW: I think we can take a break at this point.

MR. LEYHANE: Okay.

VIDEO OPERATOR: The time is 11:14 a.m. and we are off the record.

(Brief recess.)

VIDEO OPERATOR: The time is 11:39 a.m. and we are back on the record.

Psychiatry. And his decision would be final.

Q Okay. So with the grievance, the first step is for the patient to fill out a form?

A Yes.

Q Are you involved in that step?

A No, not necessarily. Unless the patient requested my assistance.

Q Okay. And then the form gets sent to the treatment team?

A The form would be given to the treatment team, yes.

Q How does the patient send the form to the treatment team?

A They would give it to the program coordinator or their social worker on their team.

Q Okay. And how would a patient know how to fill out that form?

A They're informed on admission.

Q Is there any other information that they're given at any time about the forms?

A They get a patient orientation handbook. They have an orientation class and by posting on the walls, on the bulletin boards at the hospital.

A Yes, I do.

Q And can you tell me what it is, please?

A Yes, it's the revised AB:504.

Q And when you say it's revised, it was revised on September 1, 2011; is that your understanding?

A Yes, it is.

Q And do you know what the revisions involved?

A The revisions were in reference to the administration of emergency medication on a 72-hour basis.

Q Okay. But the revisions did not change any procedure regarding the administration of psychotropic drugs involuntarily to patients, right?

A To my knowledge, that is correct.

Q So this is the most current version of the three-step process?

A Yes, it is.

Q And can you just go over with me, please, what the role of the RENNIE advocate is in the three-step process?

A The role of the RENNIE advocate in the three-step process is to meet with the patients

prior to the team meeting to discuss and make the patients aware of what their rights are in regards to involuntary medication.

Q Okay. So you make the patient aware of what their rights are?

A Yes.

Q And you attend a treatment team meeting?

A If the patient requests my attendance, yes.

Q Is there any other way that you're involved in the three-step process?

A No.

Q Okay. And how do you make a patient aware of what his or her rights are?

A By explaining to them that they have a right to be free from excessive medication and that they also can be medicated against their will if the treating physician feels it is necessary.

Q Is that the only way you make a patient aware of what their rights are?

A No. They have the Bill of Rights, as well.

Q Do you read them the Bill of Rights?

A On occasion.

Q Do they have copies of the Bill of Rights?

A I believe they do. There's copies on all of our units and they sign for the Bill of Rights on admission.

Q Besides making the patients aware of what their rights are and attending a treatment team meeting --

A If requested.

Q If requested, there are no other ways that you're involved in the RENNIE process?

A No.

Q So it's not your job to make sure that the three-step process is completed satisfactorily?

A At the end, yes, it is.

Q So part of your responsibilities relating to the RENNIE process as described in AB:504 is making sure that the process is completed appropriately?

A I review to make sure that the process has been completed.

Q Do you make sure the forms are completed properly?

A I make sure that the form is complete and if it's done properly, then I will inform the treating physician, the team and the Chief of Psychiatry.

Q Okay. So besides making a patient aware of what their rights are, --

A Uh-huh.

Q And attending a treatment team meeting, if requested.

A Yes.

Q And making sure that the process is completed properly, which includes making sure --

A I review the process to see that it was completed.

Q Sorry. And reviewing the process to make sure it is completed properly.

A I review to make sure the process was completed. If it was not done properly, then I would bring it to the necessary -- attention to the necessary people.

Q Okay. So besides for those three issues, are there any other ways that you're involved in the RENNIE process?

A I do a monthly review once the process

MR. SEBROW: That's why I asked it.

MR. LEYHANE: Do you want to listen to your question? Or do you want to explain what the problem is? Melody says, no. Sorry.

MS. WELLS: I didn't say anything.

BY MR. SEBROW:

Q Have you received any complaints from patients that they have not been made aware of the existence or the assistance of a RENNIE advocate?

A No, I have not.

Q Do you know of -- you have no knowledge of any complaints like that?

A Do I have knowledge of complaints like that or have I been made aware of complaints or -- because you --

Q Sure. Sorry. Let me rephrase it.

A Okay.

Q Do you have any knowledge of complaints made by patients that they were not advised of the potential assistance of a RENNIE advocate?

A Yes.

Q Can you describe for me each instance that you know of?

A Excuse me, if I'm not mistaken, your

Q How often was that the case?

A I would say the majority of the time.

Q Okay. And in those cases, is it your understanding that the patient could have been forcibly medicated under the three-step process before you ended up receiving these forms?

A Yes.

Q Okay. And once you received those forms, what did you do?

A I did a medication review form -- a review. I did a chart review.

Q And what did this review consist of?

A It consisted of reviewing the chart, looking at the doctor's notes, observing the patient.

Q When you say "observing the patient," what do you mean by that?

A Just looking at the patient to see if there were any, I guess, EPS symptoms, extrapyramidal symptoms.

Q Okay. Can you describe what are "extrapryamidal symptoms"?

A Maybe drooling, drowsiness.

Q Anything else that you would observe

become a voluntary patient and he wants to go to court. But other than that, to my knowledge, no.

Q And in that instance that you just mentioned, was that -- did that involve a treatment decision pursuant to the three-step process or was it something different?

A I believe it was something different.

Q Okay. Have patients ever asked for attorneys to help them with issues relating to the three-step process?

A No.

Q Do you know whether patients have access to attorneys?

A Yes.

Q And how do they have access to attorneys?

A Through the Public Defender, which represents them in court. They can seek the help of the NJR, which provides attorneys or they can hire their own private attorney.

Q Okay. Does the hospital help them get an attorney, if they want?

A Their social worker can guide them in that direction.

that meeting, of the proposed policy, have you told me everything that you can recall that was discussed?

A Yes. Yes, I have.

Q Is it your understanding that patients refusing medication currently do not have a right to an independent judicial hearing before they're involuntarily medicated?

A Yes.

Q And has any patient ever requested this?

A No.

Q Do you think that an independent judicial hearing would improve the process for patients?

A No, I do not.

Q And why not?

A Right now the patients have three opportunities to voice their opinion before they're medicated. At the very first step, or when the doctor discusses medication and possibly putting them on involuntary medication, again, at the treatment team meeting level, and then when they meet with the Medical Director before he signs off

on it. It also would hold up medicating a patient if they have to wait to go before a judge, which could tie up their discharge or their -- if medication is what they need to stabilize them and to get them discharged quicker, and it would also, on the opposite end, increase our population.

Q How would it increase your population?

A Because if it's going to take longer to see the judge before a patient can get medicated and stabilized and get discharged and we continue to get admissions.

Q Okay. Do you know how long it would take for a judicial process to take place?

A No, I do not.

Q So when you say that you think that it would take a long time, what's your basis for saying that?

A That's just -- I know courts do not convene -- I mean, they may convene frequently, but not necessarily for your case.

Q Are there any judicial -- are there any judicial hearings that take place in Trenton Psychiatric Hospital for any reason?

A Yes, there is.

judicial hearing for involuntary medication would take?

MR. LEYHANE: Objection.

THE WITNESS: It would not.

BY MR. SEBROW:

Q You also mentioned that one concern about judicial hearings was that it would lead to patients not being discharged?

A Possibly, yes.

Q Okay. Do you have any basis for that opinion?

A If a doctor is putting a patient on involuntary medication because he or she feels they needed to help stabilize their -- or clear up their clinical picture at this time, then how can we discharge someone that's not stable back into the community?

Q Okay. But you understand that an independent judicial hearing wouldn't involve discharging the patient, it would only involve bringing them before a judge?

A But if you have to wait a period of time to get that hearing scheduled and set or take the patient to the court hearing, it could be a

independent judicial hearing for involuntary medication purposes, that those hearings in other states took place very quickly, would that change your opinion about whether independent judicial hearings would be a problem for -- in New Jersey?

A No, it would not.

Q Okay. If a patient is refusing to take medication -- non-psychotropic medication such as antibiotics --

A Yes.

Q -- can that patient be three-stepped?

A No.

Q That patient has a right to refuse that medication?

A I believe they do, yes.

Q And they can't be forced to take that medication?

A No.

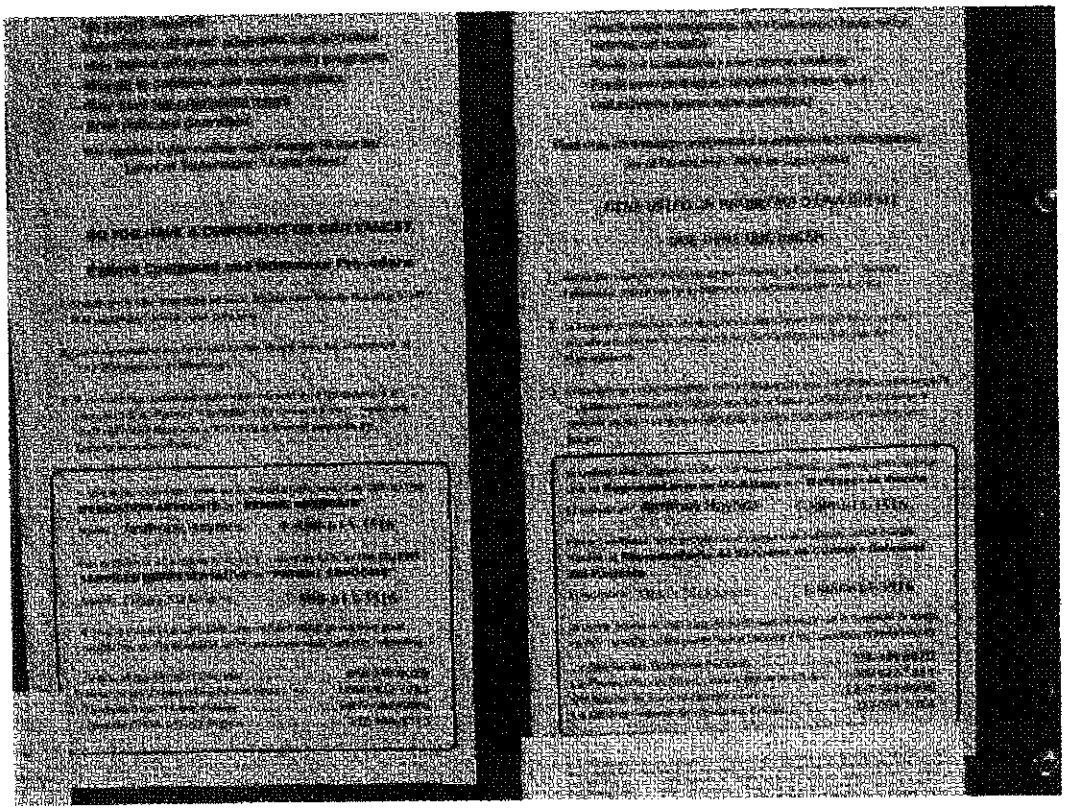
Q And is it your experience that no one has forced patients to take medications like that?

A Medical medications?

Q Yes.

A To my knowledge. Unless there's a guardian in place or it's a matter of life and death

EXHIBIT X



- [illegible]
- May attend off-ward programs and activities
- May attend off grounds community programs
- May go to cafeteria and medical clinics
- May have full off-ward hours
- [illegible] visits are permitted

For further information ask Charge Nurse for "Level of Supervision" Facts Sheet

DO YOU HAVE A COMPLAINT OR GRIEVANCE?

Patient Complaint and Grievance Procedure

1. Speak with any member of your [illegible] Nursing Staff, Management about your concern.
2. General problems common to the Ward may be discussed at [illegible] Management Meetings.
3. If you are not satisfied, you may request and be assisted in completing a "Patient Complaint/Grievance Form" from any staff member that will afford you a formal process by [illegible] Hospital Policy.

> If you have concerns with your medication, you may talk to the **MEDICATION ADVOCATE** or "**[illegible] ADVOCATE**"
>
> Name: Anthony Haynes 1-800-613-3516
>
> For problems of a general nature you may talk to the **CLIENT SERVICES REPRESENTATIVE** or "**PATIENT ADVOCATE**"
>
> Name: [illegible] McKenzie 1-800-613-3516
>
> If you are still not satisfied after attempting to resolve your problems at this hospital level, you may also call the following:
>
> | | |
> |---|---|
> | Office of the Public Defender | 856-346-8020 |
> | New Jersey Protection and Advocacy Inc. | 1-800-922-7233 |
> | Ombudsman for the Elderly | 1-877-582-6995 |
> | Federal Office of Civil Rights | 212-264-3313 |

- [illegible] asistir a programas de la Comunidad [illegible] terrenos del hospital
- Puede ir a la cafetería y a las clínicas médicas
- Puede tener privilegios completos de [illegible]
- Visitas breves [illegible] están permitidas

Para más información, pregúntele a la enfermera [illegible] por el Formulario "Nivel de Supervisión".

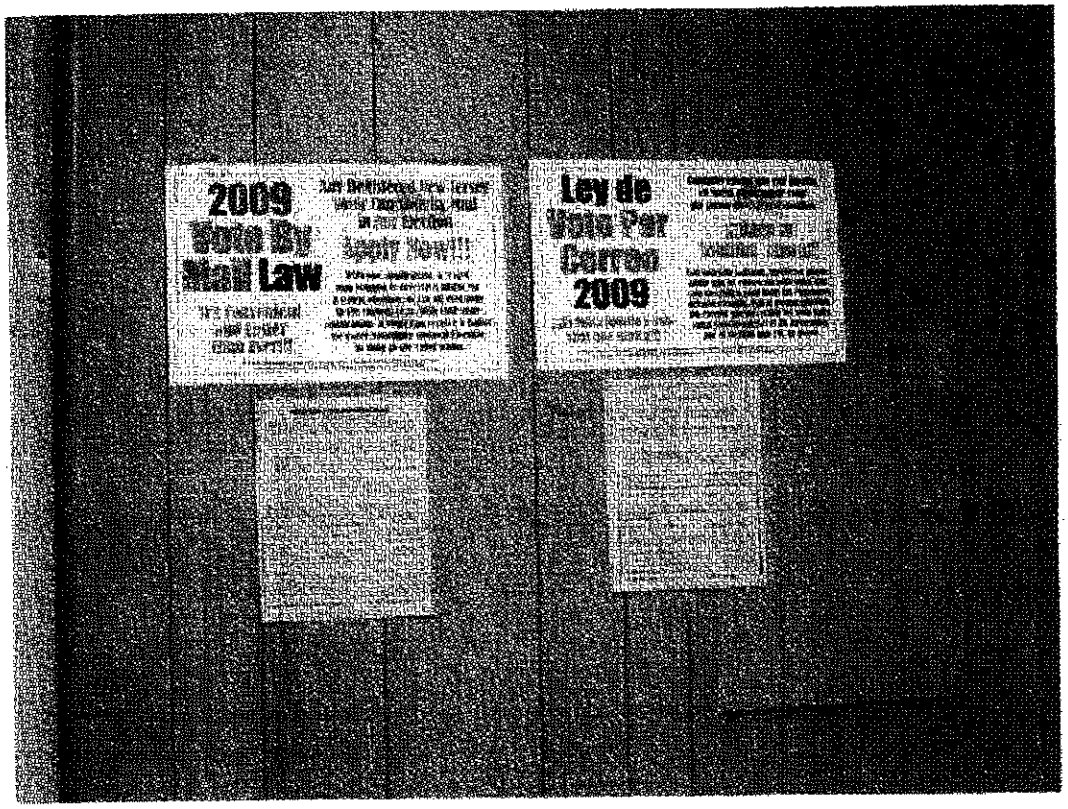
¿TIENE USTED UN PROBLEMA U UNA QUEJA?

QUE TIENE QUE HACER

1. Hable con [illegible]
2. [illegible]
3. Si usted no [illegible]

> Si usted tiene alguna [illegible] con el **Representante de Medicinas** o el **Defensor de [illegible]**
>
> El nombre: Anthony Haynes 1-800-613-3516
>
> Para cualquier otro [illegible] usted puede hablar al **Representante de Servicios de Cliente** y **Defensor del Paciente**.
>
> El Nombre: [illegible] McKenzie 1-800-613-3516
>
> Si usted [illegible]
>
> | | |
> |---|---|
> | La Oficina del Defensor Público | 856-346-8020 |
> | La Protección de Nueva Jersey [illegible] | 1-800-922-7233 |
> | Ombudsman para el [illegible] | 1-877-582-6995 |
> | La Oficina Federal de Derechos Civiles | 212-264-3313 |

Admissions Unit/Waiting Room



- [illegible]
- May attend off-ward programs and activities
- May attend off-grounds community programs
- May go to cafeteria and medical clinics
- May have full open ward hours
- Brief visits are permitted

For further information ask Charge Nurse for "Level of Supervision" Facts Sheet

DO YOU HAVE A COMPLAINT OR GRIEVANCE?

Patient Complaint and Grievance Procedure

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2. General [illegible] to the Ward may be discussed at [illegible] Management Meetings.
3. If you are not satisfied, you may request [illegible] in [illegible] a "Patient Complaint/Grievance Form" [illegible] staff member that will [illegible] formal [illegible] Hospital Policy.

If you have [illegible] with your [illegible], you may talk to the **MEDICATION ADVOCATE** or **"[illegible] ADVOCATE"**
Name: Anthony Haynes 1-800-613-3516

For problems of a general nature, you may talk to the **CLIENT SERVICES REPRESENTATIVE** or **"PATIENT ADVOCATE"**
Name: Diane McKenzie 1-800-613-3516

If you are still not satisfied after attempting to resolve your problem at the hospital level, you may also call the following:

Office of the Public Defender	856-346-8020
New Jersey Protection and Advocacy, Inc.	1-800-922-7233
Ombudsman for the Elderly	1-877-582-6995
Federal Office of Civil Rights	212-264-3313

- Puede asistir a programas de la comunidad fuera de los terrenos del Hospital
- Puede ir a la cafetería y a las clínicas médicas
- Puede tener privilegios completos de horas libres
- Visitas breves [illegible] permitidos

Para más información pregunte a la enfermera [illegible] por el Formulario "Nivel de Supervisión"

¿TIENE USTED UN PROBLEMA O UNA QUEJA?

QUE TIENE QUE HACER

1. Hable con cualquier miembro de [illegible] Enfermera, Auxiliar [illegible]
2. Si tiene un problema [illegible] Management.
3. Si todavía [illegible] Ayuda.

Si usted tiene alguna duda con sus medicamentos, usted puede hablar con el **Representante de Medicinas** o el **Defensor de [illegible]**
El nombre: Anthony Haynes 1-800-613-3516

Para cualquier otro problema o queja [illegible], usted puede hablar al **Representante de Servicios de Cliente** o **Defensor del Paciente**
El nombre: Diane McKenzie 1-800-613-3516

Si usted todavía no está satisfecho [illegible]

La Oficina del Defensor Público	856-346-8020
La Protección de Nueva Jersey, Abogacía S.A.	1-800-922-7233
Ombudsman para el [illegible]	1-877-582-6995
La Oficina Federal de Derechos Civiles	212-264-3313

DO YOU HAVE A COMPLAINT OR GRIEVANCE?

PATIENT COMPLAINT AND GRIEVANCE PROCEDURE

All staff at Ancora Psychiatric Hospital are expected to serve as advocates for patients' welfare. If patients or family members believe their rights have been violated, or they wish to express concerns/complaints about their aspects of care, they may do so in the following ways/manner:

- Through Life Management Meetings, which are held on each unit to address complaints, resolve conflicts, announce upcoming events, schedule changes and elicit suggestions and opinions of patients on a variety of issues pertaining to the unit community.
- Through patient delegates who are selected to attend monthly Client Council meetings as a forum for patient's hospital-wide.
- In a meeting with a member of the Treatment Team or Program Coordinator/Team Leader.
- In a meeting with the Unit Administrator/Section Chief.
- In a meeting with the Patient Advocate/Client Services Representative, who is located on the hospital grounds, and may be reached at 800-613-3516.
- By filing a formal grievance using the Patient/Family Grievance Form. (See details on the hospital's grievance process posted on the unit and in the visitors' room or see your Program Coordinator/Team Leader.)

In the event that a patient or family member is not satisfied with the response, he/she may contact any of the following:

If you have concerns regarding your medication, you may talk to the **Medication Advocate or "Rennie Advocate"**: Mr. Anthony Haynes 1-800-613-3516

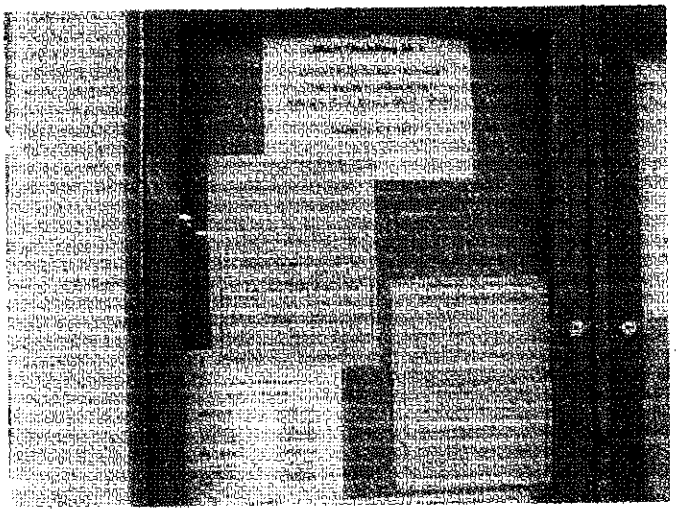
For problems of a general nature, you may talk to the **Client Services Representative or "Patient Advocate"**: Ms. Diane McKenzie 1-800-613-3516

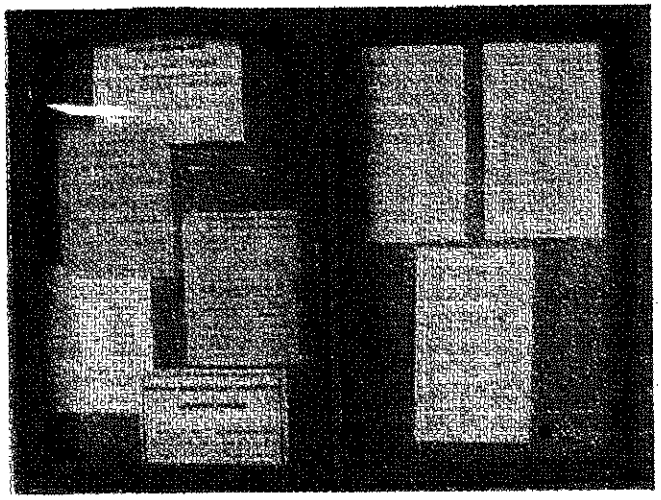
In the event that a patient or family member is not satisfied with the response he/she may contact any of the following:

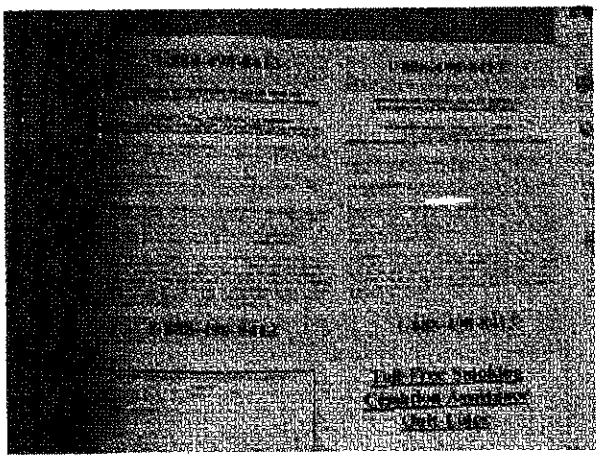
- Patient Services Compliance Unit, DMHS:.....1-888-490-8413
- New Jersey Protection & Advocacy, Inc.:.....1-800-922-7233
- Division of Mental Health Services Information & Complaints:
 1-800-382-6717
- Public Defender:.....1-609-292-1750
- Ombudsman for the Elderly Hotline:.....1-877-582-6995
- New Jersey Alliance for the Mentally Ill: (Local Chapters):.....1-732-940-0991
- Federal Office of Civil Rights:.....1-212-264-3313
- The Joint Commission:.....1-800-994-6610
  or .....(e-mail: complaint@jointcommission.org)

Drug Hot Line — 4299

M 3 Bulletin Boards







DO YOU HAVE A COMPLAINT OR GRIEVANCE?

Patient Complaint and Grievance Procedure

CAN YOU USE AN INTERPRETER?

Anthony Haynes

1-800-613-3516

1-800-613-3516

¿TIENE USTED UN PROBLEMA O UNA QUEJA?

QUE TIENE QUE HACER.

1. Hable con cualquier miembro de su Personal de Tratamiento. Ejemplos: Enfermera, Ayudantes de Enfermería o el Administrador del Edificio.

2. Si tiene un problema o una queja en tu piso que no sea personal, la puede discutir o hablar en la reunion que se celebra todas las mañanas (Life Management).

3. Si todavía no estas satisfecho con las respuestas que a recibido, tu puedes pedir a cualquier empleado el documento que se llama, La Queja de el Paciente. Y solicitor ayuda si no lo entiendes para llenarlo. Deacuerdo con la Poliza de Ancora.

Si usted tiene alguna duda con sus medicinas, usted puede hablar con el **Representante de Medicinas** o el **Defensor de Rennie**.

El nombre:: Anthony Haynes **1-800-613-3516**

Para cualquier otro problema o queja que tengas, usted puede hablar al **Representante de Servicios de Cliente** o **Defensor del Paciente**.

El nombre: Diane McKenzie **1-800-613-3516**

Si usted todavía no esta satisfecho despues de pedir que le resuelvan su queja en este Hospital, usted puede llamar tambien a los siguientes departamentos:

La Oficina del Defensor Publico 856-346-8020
La Proteccion de Nueva Jersey Advocacy S.A. 1-800-922-7233
Ombudsman para el Envejeciente 1-877-582-6995
La Oficina Federal de Derechos Civiles 212-264-3313

EXHIBIT Y

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY
CIVIL ACTION NO.: 2:10-cv-03950

DISABILITY RIGHTS NEW JERSEY, a New Jersey Non-Profit Organization,

Plaintiff,

vs.

JENNIFER VELEZ, in her official capacity as Commissioner, State of New Jersey Department of Human Services,

Defendant.

DEPOSITION UPON ORAL EXAMINATION OF RACHEL M. PARSIO

Tuesday February 21, 2012

T R A N S C R I P T of the deposition of RACHEL M. PARSIO called for Oral Examination in the above entitled action, said deposition being taken pursuant to Rules governing Federal Procedure in the State of New Jersey, by and before JEAN E. DOLAN, License No. 809, a Notary Public and Certified Court Reporter of the State of New Jersey, at the HOAGLAND, LONGO, MORAN, DUNST & DOUKAS, LLP, 40 Bayard Street, New Brunswick, New Jersey, commencing at 10:15 in the forenoon.

JEAN E. DOLAN ASSOCIATES
Certified Court Reporters
3 Parlin Drive
Parlin, New Jersey 08859
(732) 238-7666
Fax (732) 613-4666

ORIGINAL

Q In the -- under Essential Duties and Responsibilities, the first bullet point, there's an indication that you interview clients, identify client concerns. You see that on the document?

A Right, yes.

Q Does that entail interviewing patients in the state hospitals currently?

A Yes.

Q And address -- identifying and/or addressing their concerns?

A Yes.

Q And do you consider Disability Rights New Jersey to be a, quote unquote, independent watchdog over the state hospitals in that regard?

MS. KOLOD: I object to form.

A Is it okay if I don't use your term as a watchdog? Is that okay?

Q Okay.

A We are -- we respond to the complaints and if we see other system issues, we address those also.

Q So if you identify a concern or complaint, how do you address them?

A I bring the issue back to our coordinator.

you go there when there are patients milling about and indicate where you're from, who you are, does anyone want to speak to you, anything of that nature?

A Yes.

Q You do do that?

A Yes.

Q What do you say to the patients that you see?

A To the patients? That I would ask them -- a lot of them know me, so they will come up to me. I would ask them if they have any issues that we could provide assistance to them. I will take that information back to the agency and provide it to the intake department.

Q Will you indicate when you arrived who you are, where you're from?

A Yes.

Q Indicate does anyone want to speak with me, something to that effect?

A Yes.

Q And if you go on a weekly basis, do you generally make that announcement on a weekly basis when you arrive?

A Yes.

Q You indicated that patients know you or

know who you are?

A I have been assigned there for so many years a lot of the patients do know who I am and will come up to me.

Q Okay. And do they also know how to contact the Disability Rights New Jersey by phone?

A Yes.

Q Are there postings throughout the hospital that indicate the Disability Rights New Jersey phone number, for instance?

A Yes.

Q Are they posted throughout the hospital at various locations on bulletin boards?

A Yes.

MR. CHABAREK: I'm going to mark this as Exhibit D 13.

(D 13 marked for identification.)

Q Just take a look at the document which we identified as D 13.

A Okay.

Q Okay. Ms. Parsio, have you seen a posting in that regard on the bulletin board at Ancora as reflected in Exhibit D 13?

A Yes.

Q And there's a number of phone numbers

indicated at the bottom, and included there is the -- the Rennie Advocate or Anthony Haynes. You see that?

A Yes.

Q It's an 800 number. Do you know who Anthony Haynes is?

A Yes.

Q And on the bottom it indicates: "If you are still not satisfied after attempting to resolve your problems at the hospital level, you may also call the following", and there are a number of phone numbers identified there?

A Yes.

Q And included in there is the New Jersey Protection Advocacy?

A Yes.

Q With an 800 number?

A Yes.

Q And you see a posting in that regard or similar to that at Ancora on the bulletin board?

A Yes. But it may not be on every bulletin board. You know, I haven't checked every bulletin board but definitely, yes.

MR. CHABAREK: I'm going to mark Exhibit D 14, which is the actual posting.

A He's the Rennie Advocate.
Q Do you know what his job function is?
A Yes.
Q What is his job function?
A Parts of his job. I don't know everything that he does.
Q Part of it.
A I know that he reviews the patients that are refusing and non-refusing status on a monthly basis.
Q Okay.
A And prepares the reports for the administration of the hospital. He also meets with patients as part of the three-step process to discuss their issues with medications. Also handles the voting process to make sure that patients are aware of how to vote if they want to and handles that. That can change.
Q Okay.
A I'm not sure of any other procedures that he would do.
Q Is he visible throughout the hospital?
A Yes.
Q Patients know who he is?
A Yes. Most of the time I would say they

remember this statement. We may have discussed it but I don't remember how it came about. You had said did he -- did he say this on his own or did we have a conversation with him about this.

Q Yes. My question was did he tell you that spontaneously on his own without any prompting?

A I can't remember. I can't remember exactly how it came about.

Q In the mental health field you always worked in the State of New Jersey. Correct?

A Yes.

Q You never worked in any other states?

A No.

Q Okay. So you understand the state of law in New Jersey does not require that there be judicial hearings before medication be involved or administered currently. Correct?

A Correct.

Q Do you have any experience with such judicial hearings in other states?

A Only that I do know that other states do have that process.

Q Other than knowing that, do you know -- have you ever had any experience dealing with that process from other states?

A No.

Q In paragraph 29 it states: "I am aware that the Disability Rights New Jersey may file a lawsuit regarding involuntary administration psychotropic medication in New Jersey hospitals. I make this certification in support of DRNJ's lawsuit. I am aware that I may be called upon to testify in connection with the DRNJ's lawsuit and am willing to do so."

You see that statement?

A Yes.

Q Is there anywhere in that statement where the patient certifies that the statements he set forth are true? Is there anything in that paragraph where he indicates that?

A In this paragraph you're saying is there anything that --

Q Is there any language in that paragraph where the patient attests to the truth of the statements contained throughout?

A I'm sorry. I don't understand the question.

Q Does that paragraph contain any language wherein PD represents that everything he stated was true?

Q Do you have any knowledge if another advocate from the Disability Rights New Jersey ever met with this patient WF to compile this information?

A Not that I know of. There might have been -- I know at one point we had interns doing some work in Ancora, but I do not remember this.

Q Do you remember the names of those interns who were doing --

A No.

Q Let me finish the question. Do you remember the names of those interns who were going to Ancora?

A No.

Q Was their purpose to secure information as well?

MS. KOLOD: Objection to form.

Q As contained in the certification?

A Yes.

Q Also, as you sit here today you have no recollection of patient WF or the contents of the certification and don't -- you never met with this patient?

A I don't remember.

MR. CHABAREK: Okay. I'm going to have marked as Exhibit D 18, a Certification in Support of

Q Do you know an individual by the name of Lorraine Ghormley?

A Yes.

Q And who is she?

A She's an attorney or she was, I'm sure she's -- I'm not sure if she's still there with the public advocate's office.

Q Are you aware of an incident she had been involved in while at Ancora Psychiatric Hospital while meeting with a patient?

A Yes.

Q What are you aware of?

A I'm aware that she was interviewing a patient and I don't know who the patient was but I'm aware she was interviewing a patient. She asked the patient a question and during the interim of her interview the patient knocked her to the floor and assaulted her.

Q Were you present at the facility when this occurred?

A No.

Q How did you learn of it?

A She told me.

Q Ms. Ghormley told you?

A Yes.

Q Have you ever felt threatened by a patient in your career?

MS. KOLOD: Objection to form.

A No.

Q So never in -- going on almost 20 years you never felt threatened?

A There have been times when I've been cautious, but I never felt threatened -- actually, the patients would try to protect me at certain times. If someone would come up to me and say they wanted to talk to me, they would say I'm talking to her now, you know, leave us alone. I've never felt threatened.

Q And that would be for both in your capacity at both employers, whether it be Disability Rights New Jersey, DRNJ, or the prior employer?

A You mean --

Q The New Jersey Alliance?

A No, never felt threatened.

Q Are you aware what the standard is for a patient to be involuntarily committed to the state psychiatric hospitals?

A Yes.

Q What is it in your mind is the standard?

A They have to be judged as a danger to

A Yes.
Q What his role is?
A Yes.
Q Would it be fair to say that you're both quite active in bringing patient concerns to people at the hospital?
MS. KOLOD: Objection to form.
A Yes.
Q And do you work with Anthony Haynes at times, do you work in conjunction with him to address concerns?
A Yes.
Q You have a good working relationship with him?
MS. KOLOD: Objection to form.
A I would say a very good working relationship with him. I usually meet with him several times a month when I go there.
Q Is it your understanding that he deals with patient complaints that are geared towards medication related issues?
A Yes.
Q Earlier when we talked about patient SD who there was an allegation from the mother who contacted you that he almost died as a result of some

Q We previously spoke about you have a working or your working relationship with Anthony Haynes?

A Yes.

Q And you mentioned his role, you mentioned your role. Do your duties in some way overlap?

MS. KOLOD: Objection to form.

Q In other words, does your role and his role towards the patient overlap in some case in terms of medication?

MS. KOLOD: Yes.

A Yes, somewhat.

Q And you meet with him frequently, as you indicated, to address patient concerns?

A Yes.

Q Okay. I'm just going to show you what was previously provided Bates stamped DRNJ M-00685 through 688, which is a fax addressed to Ms. Parsio from Anthony Haynes dated May 9, 2001.

(D 20 marked for identification.)

Q I'm going to provide to you what's marked as Exhibit 20, and I ask you to take a look at the document. It's a four-page document.

Have you ever seen that document before

keep up on medications.

Q But you wouldn't profess to have an expertise in what type of medications to be administered or doses or anything like that?

A No.

Q That's up to the clinician or the physician?

A Yes.

Q What knowledge do you have with respect to psychotropic medications? For instance, side effects, do you read journals? What do you do to learn about that?

A I read, I go to certain workshops. I know several of the antipsychotic drugs and psychotropic drugs and also am aware of tardive dyskinesia and akinesia. That's the way you pronounce that. They are forms of side effects from psychotropic drugs.

Q What knowledge do you have about those side effects?

A That they can be life threatening.

Q Okay.

A That they -- a certain antipsychotic like Flurazine and Haldol if used over a long period of time they can create side effects as rigidity

where you can't swallow, and I've even experienced seeing a patient that couldn't swallow, shuffling of feet, not being able to stand in one place, drooling of the mouth, really very very serious side effects. It would be life debilitating. I've done a lot of reading and research. I've also attended a lot of research conferences in Washington when I would go to the conferences for the New Jersey Alliance For the Mentally Ill.

Q And but you wouldn't profess to be an expert on side effects. That's up to the clinicians. Correct?

A Yes.

Q If a patient tells you they are having a specific side effect, do you know anything to verify that side effect or do you take them at their word?

MS. KOLOD: Objection to form.

A You can observe it at times from my one case. He was drooling at the mouth. He couldn't even raise his head. Tried to speak to me. He could not even raise his head up off the chair. He was taken to the chair by two aides. He couldn't walk. He was wetting himself. And another staff member told me in the elevator that she was very concerned about him because she thought that they were

Q And you would have conveyed that to her prior to when you had a discussion with her about her deposition?

A No. It was a long time ago.

Q You recall having that specific conversation with her about her deposition about looking at the website or pulling out documents?

A No, no, no.

Q And when we looked at the postings on the bulletin board before we talked about the fact that the Rennie Advocate is identified, the Disability Rights New Jersey is identified. Correct?

A Yes.

Q You indicated that Anthony Haynes is visible throughout the hospital?

A Yes.

Q Throughout the Ancora Psychiatric Hospital?

A Yes.

Q So that the patient knows who the Rennie Advocate is?

A I don't know if all the patients know, but some of them know. I'll often say to them if you have a medication issue, did you discuss this with Anthony.

EXHIBIT Z

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

DISABILITY RIGHTS NEW JERSEY, INC., a New Jersey non-profit organization, Plaintiff, vs. JENNIFER VELEZ, in her official capacity as Commissioner, State of New Jersey Department of Human Services, Defendant.	HON. DICKINSON R. DEBEVOISE U.S.D.J. Civil Action No. 2:10-cv-03950 DHD-MAS DEPOSITION UPON ORAL EXAMINATION OF MARILYN SPENSLEY

Thursday, February 2, 2012

T R A N S C R I P T of the deposition of MARILYN SPENSLEY, called for Oral Examination in the above-entitled action, said deposition being taken pursuant to Rules governing Civil Practice in the Courts of New Jersey, by and before BARBARA DE VICO, a Notary Public and Certified Court Reporter of the State of New Jersey, at the offices of HOAGLAND, LONGO, MORAN, DUNST & DOUKAS, LLP, 40 Paterson Street, New Brunswick, New Jersey, commencing at 10:10 in the morning.

JEAN E. DOLAN ASSOCIATES
3 Parlin Drive, Unit C
Parlin, New Jersey 08859
(732) 238-7666
Fax (732) 613-4666

ORIGINAL

the years -- and I don't mean that in the derogatory fashion because I couldn't because I'm sitting here with too many years behind me -- but has it been your experience over the years that medications when properly utilized can effect an improvement in the disease process in an individual patient?

A. When properly utilized, yes.

Q. And indeed medications can play a major role in enabling, ultimately, an individual to get better to the point where they can return in some fashion to society and be gainfully employed and having a much happier life; fair enough?

MS. WELLS: Objection to the form.

A. I wouldn't say a major role. I would say --

Q. Okay. Is there something out there, some treatment modality that you would say has the major role in enabling patients to leave an inpatient setting and be successful in the community?

A. No. I think there's a variety of modalities.

them down.

Q. And what evidence do you have for that?

A. Patients have reported that to me.

Q. Okay. Patients take them down?

A. Staff will say that the patients have taken them down, and then --

Q. Okay. But you haven't -- first of all, there's the mechanism of rather prominent announcements or information on bulletin boards at the hospital saying DRNJ, whatever it says, that's a mechanism that you know that patients use to get in touch with you; right?

A. Right.

Q. Okay. And then there is also the fact that you are in the institutions on a regular basis?

A. Yes.

Q. And how frequently are you -- you said -- I should ask you this: You mentioned that TPH and Hagedorn are your primary institutions. Are they still your primary institutions?

A. Yes.

Q. So how is your schedule put together?

Q. And here is a closeup of the plaque, and on the back of this, D-3, is also another bulletin board. These are all from TPH?

A. Yes.

Q. And here is a blowup of the plaque. What does that plaque tell patients about?

A. It tells patients that the patient advocate is for general complaints and grievances and gives their tollfree number. And then it gives a patient advocate for medication complaints and grievances and also gives a tollfree number.

Q. Okay. And indeed, on the bulletin board are you aware that there are other notices that are posted about the ability of patients to contact an advocate with respect to medications?

A. I think there are -- yes. I think they have some kind of indication on there that there's, there may be a ready advocate available to them.

Q. And for the purposes of the record, the Rennie advocate is the individual who is assigned as a client service rep, but he or she specifically deals with complaints having to do with medication dosing, involuntarily medicating

different things.

Q. Okay. So when you are given copies of patient charts or portions of patient charts, do you sometimes take them from the facility to Trenton or even perhaps home to work on?

A. No. I don't -- our protocol is that if we want to request copies of records, we send out requests through the head of the hospital, the chief executive officer, who in turn disseminates that request to whomever to respond and provide either a response and/or the records that have been requested.

Q. Okay. But my question was when you get the records, I presume they are given to you at the facility?

A. No. They come by courier.

Q. Okay. They come by courier to the main office in Trenton?

A. Yes.

Q. And then you have them there to review and prepare whatever you're going to prepare based upon those records?

A. Yes.

Q. Okay. And if you find that you've

their medication issues?

A. From time to time, yes.

Q. Okay. That may indeed, that activity may indeed overlap with your activities; right?

MS. WELLS: Objection to the form.

A. At times, yes.

Q. In other words, a patient may have a complaint -- I'll do it this way: Have you seen instances where patients have complaints that are medication-related and they've not only gotten a hold of you but they've gotten a hold of the Rennie advocate?

A. Yes. As a general rule I will ask patients as a general issue have you talked with the Rennie advocate about this.

Q. And they will either answer you No, I haven't or Yes, I have, because your authority is wholly separate from the Rennie advocate; right?

A. Yes.

Q. Okay. What I've just handed you, D-1, -2 and -3, I guess, the Rennie advocates and their numbers, how patients contact them, pretty

much have the same currency, that is they're on the billboard just like you are; right?

A. Yes.

Q. And indeed, they have an extra thing because you're looking at the plaque, at least at TPH there's a big old plaque right above the phone; right?

A. Uh-huh.

Q. And if you look at the phone, you can't miss seeing the plaque, can you?

MS. WELLS: Objection to the form.

A. If you're short you can. And if your eyes aren't blurred you can read it also.

Q. Okay. And if your eyes aren't blurred or you're too short or you're too tall you can read the DRNJ paper; is that correct?

A. Yes.

Q. It's also true, is it not, that upon admission patients to TPH and Hagedorn -- I'm staying with the hospitals that you're most familiar with -- that they are given a number of written materials including a handbook or a guidebook, whatever you want to call it, that lists you or lists your services to DRNJ and lists

the Rennie advocate; right?

A. Yes.

Q. Have you seen instances or experienced instances where patients will contact you because they read about you in the guidebook?

A. I don't recall any instances where they have gotten our number from the guidebook. Generally they disappear shortly after their admission.

Q. What do you mean, "they disappear"?

A. They disappear. Either clients throw them away, staff throw them away. I have asked clients don't you have your information that you received on admission, and it doesn't exist.

Q. Okay. Which makes --

A. Unfortunately.

Q. -- it frustrating for you, I assume, here or there; right?

A. Absolutely.

Q. Okay. Now, as part of your duties as an advocate for DRNJ, are there circumstances where you feel it would be acceptable to lie to the staff or administration of a hospital?

A. Where --

A. Only some of them.

Q. Okay. So, however, you are certainly familiar that a number of these certifications were prepared; right?

A. Yes.

Q. Was the effort here to obtain information from patients and put it into some kind of a format which you see in front of you to be possibly used in litigation?

MS. WELLS: I just want to caution Ms. Spensley not to reveal any legal advice that she sought or received from counsel, either internal or external.

But if you can answer that question otherwise, please do.

A. Please ask the question again.

Q. I forgot it. I think.

(Pending question was read by the Reporter.)

A. Yes.

Q. Okay. Indeed, the effort here, I assume, was to get the statements from patients in order for them to be used in some way in this litigation that had the pleasurable side effect of you and I meeting?

complaints or statements as part of your function with DRNJ, irrespective of any litigation; correct?

A. That's correct.

Q. But then there came a time when you went to patients not just for the purpose of checking in on them and obtaining the usual data you wanted for your job, but that you were to obtain some kind of information that might be useful in litigation; correct?

MS. WELLS: Objection to the form.

Go ahead.

Q. And let me make sure. You look -- the witness looks befuddled, and I don't blame her.

Part of your job is to go around and sit with patients as their advocate and take information that is pertinent to your job function; is that correct?

A. Yes.

Q. And at some point, however, you went and sat down with patients, not just for that purpose but also as you understood it to get certain kinds of information in connection with

illness other than medication.

Q. Okay. Are there people who you've encountered in the hospitals that are prone to violence?

MS. WELLS: Objection to the form.

A. There are, yes, there are.

Q. Okay. There are people that you have not particularly wanted to see or have been able to see at particular points in time because they are at that time prone to violence or aggression or assault or have threatened that; correct?

MS. WELLS: Objection to the form.

A. No. That's not correct.

Q. Okay. What do you envision the hospital doing with a patient who is assaultive, who is threatening to kill another patient while they are waiting for the judge?

MS. WELLS: Objection to the form.

A. Hospitals do have emergency procedures where they can thereby medicate a person under certain criteria for a 72-hour

period.

Q. All right. And if it takes longer than 72 hours for informed counsel to get involved -- after all, they have to review everything -- and for a judicial hearing to be scheduled for that particular patient, do we do another 72-hour certificate if that patient is still showing signs of assaultive or violent tendencies?

MS. WELLS: Objection to the form.

A. In the current system I don't believe they are actually allowed to do back-to-back 72-hour certifications. They would have to implement a three-step procedure.

Q. Okay. Well, in your scenario, which you've told me about from your experience and wisdom on the ground where we have a judge-type procedure with counsel and all these things, they can do one 72-hour procedure, but what would happen in your system when the patient is still assaultive and has violent tendencies and is still, as in one instance that you may know about, threatening to kill another patient who happened to be pregnant?

MS. WELLS: Objection to the form.

Q. What do we do now?

A. Hospitals put people on one-to-one levels of supervision where they have an individual staff person that goes right alongside that person. They have historically, unfortunately, also used seclusion restraints for people. The medications have somewhat replaced those as chemical restraints. And there are, again, there are a variety of other interventions that can be utilized other than giving someone medication until it's been judicially authorized.

Q. Okay. So what you're saying is under your system after the first 72 hours if the patient is still displaying the same symptoms and is assaultive and is violent or whatever, that you would say Well, they could be put on one-on-one; correct?

MS. WELLS: Objection to the form.

A. Yes.

Q. Or under your system we would restrain them physically?

MS. WELLS: Objection to the

form.

Q. Is that right?

A. That's an alternative available.

Q. Okay. Now, a patient in that state, a patient who is verbally abusive, is threatening people, is showing signs of aggression, who is perhaps destroying property or trying to destroy property or who is attempting to hurt themselves, those people are suffering, aren't they?

MS. WELLS: Objection.

A. That would be an opinion.

Q. Well, you know --

A. It's not my opinion.

Q. Well, now, wait a minute. People with mental illnesses, these illnesses cause suffering in these people, don't they?

MS. WELLS: Objection to the form.

A. Depends on your definition of "suffering," sir.

Q. Well, do you think from all your experience in the years in the mental health field that a person who is experiencing a mental illness -- and maybe not all of them, but many of

MS. WELLS: Objection to the form.

A. My experience, what I have been told by patients and clients over the years is their suffering is caused by the treatment conditions and the drugs that they are forced to take, not as much as their illness causes them suffering. Their illness may cause their family suffering, which is unfortunate.

However, my experience in my countless hours of talking and being with and conversing with individuals is what it is. I believe that there's more suffering induced upon them than their illness has already caused.

Q. So the last part of that was an acceptance that the illness can cause suffering standing on its own?

MS. WELLS: Objection to the form.

A. Yes.

Q. Have you encountered at least one patient in all these years that was suffering with their illness, was given medication and got better?

A. Yes, I have.

patients who are at the moment you encounter them dangerous. They may be dangerous to themselves or others, haven't you?

A. That have been categorized as dangerous, yes.

Q. But whether they have been categorized by somebody or not, you have met patients who you felt at the time or assessed as being at risk to harm themselves or others, haven't you?

A. Very rarely, actually.

Q. Okay. All right. Have you encountered patients that you felt uncomfortable being with because you were afraid for your own safety?

A. I can honestly say, telling the truth, probably a couple of times in my entire career where I felt threatened by any patient.

Q. Okay. Are you aware, however, as a general matter from your readings and from your conferences you go to, talking with other people in the field, that there are patients out there who are, who have a capacity to do harm to others, unfortunately because of their illness? You're aware of that; right?

MS. WELLS: That's all I have.

REDIRECT EXAMINATION BY MR. LEYHANE:

Q. So in other words, to the extent they need it, the patients would have available legal counsel through you and DRNJ; correct?

MS. WELLS: Objection to the form.

Q. Based on what you just told us; right?

A. They would have, yes, they would have available that entity at some point.

Q. Sure. Okay.

MR. LEYHANE: That's all I have; again, thank you for your patience.

(Witness excused.)

(Whereupon at 5:24 PM the deposition proceedings were concluded.)